



## **Ignition Interlock Device Provider Center Operator Checklist**

**PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED**

- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—must submit a notarized Consent for Background Investigation Form. You may photocopy this form as necessary. (Form # RC-900)
- ☐ Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each provider center location. (Form # RC-IIP-101)
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—must submit one (1) photograph, taken within thirty (30) days of filing this application.
- ☐ All applicants—including partners, corporate officers and/or controlling stockholders—if you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit a certificate of general liability policy of insurance, including products and completed operations, with not less than \$50,000 of combined single limits with an issuance carrier authorized to write policies in the state of Georgia. The Georgia Department of Driver Services shall be listed as certificate holder and such certificate shall stipulate that the insurance shall not be canceled except upon ten days prior written notice to the department.
- ☐ Submit an application fee of \$250.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; *or*
- ☐ Submit a notarized certification of the adopted business name. The notarized certification that is required by our department is obtained from the Clerk of the Superior Court. (Form # RC-700)
- ☐ Submit a copy of the agreement between the manufacturer and the ignition interlock device provider center. The agreement must have been signed within the past year.
- ☐ Submit a copy of all forms, contracts, agreements and receipts that will be furnished to customers, to include but not limited to all verbal and written training materials.
- ☐ Submit proof of a fire code inspection of the provider center location, dated within 90 days of filing the application, showing no violations.
- ☐ Submit a copy of the provider center's business license.
- ☐ Submit the provider center's Standard Business Hours. (Form # RC-800)

### **STATEMENT OF COMPLETION**

**I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.**

---

Printed Name

Legal Signature

Date

**Please submit application, fees & all supporting documents to:**  
**Georgia Department of Driver Services**  
**Attn: Regulatory Compliance Division**  
**2206 East View Parkway**  
**Conyers, Georgia 30013**

**An application drop box is also available at the entrance of the Conyers Customer Service Center.**



## **Ignition Interlock Device Provider Center Operator Application**

### **SECTION 1: Provider Center Information**

Full Legal Name of the Provider Center

Trade name/DBA, if applicable

Physical Address City County State Zip Code

Mailing Address ☐ Same as above City County State Zip Code

Provider Center Telephone Number

Provider Center Facsimile Number

Provider Center Email Address

Provider Center Website

Contact Name Title Phone Number Email Address ☐ Same as above

☐ **I would prefer all correspondence be mailed to the mailing address above.  
Unless the box is checked, all correspondence will be emailed to the email address provided.**

**1.1** Will this provider center be a corporation or limited liability company?

☐ Yes ☐ No

**1.1.1** If you indicated "Yes" to question 1.1, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?

☐ Yes ☐ No

**1.1.2** If yes, list the names of all officers or controlling stockholders.

Name	Title/Position	Interest Held

**1.2** Will this provider center be jointly owned (partnership)?

☐ Yes ☐ No

**1.2.1** If yes, list the names of all partners/owners.

Name	Title/Position



**1.3** Will the provider center have mobile units?

☐ Yes ☐ No

**1.3.1** If you indicated "Yes" to question 1.3, indicate what counties will be serviced by mobile units.

**1.4** Check the certified ignition interlock device manufacturer(s) and model number(s) you are authorized to install:

<b>Manufacturer</b>	<b>Model #</b>
<input type="checkbox"/> Alcohol Detection Systems	DM904
<input type="checkbox"/> AutoSense International	Alco-Lock III
<input type="checkbox"/> Consumer Safety Technology, Inc.	1001-A
<input type="checkbox"/> Determinator	DM904
<input type="checkbox"/> Draeger Safety Diagnostics, Inc.	Drager Interlock® XT
<input type="checkbox"/> Draeger Safety Diagnostics, Inc.	35-30910
<input type="checkbox"/> Draeger Safety Diagnostics, Inc.	35-30920
<input type="checkbox"/> Guardian Interlock Systems	3050
<input type="checkbox"/> Guardian Interlock Systems	3055
<input type="checkbox"/> Guardian Interlock Systems	3060
<input type="checkbox"/> Guardian Interlock Systems	4, 4E
<input type="checkbox"/> Guardian Interlock System	AMS 2000
<input type="checkbox"/> LifeSafer Interlock	FC 100
<input type="checkbox"/> LifeSafer Interlock	SC 100
<input type="checkbox"/> Smart Start	SSI-1000
<input type="checkbox"/> Smart Start	SSI 20/20

## ***SECTION 2: Applicant Information***

Last Name		First Name		Middle Name	Suffix	Title/Position
Date of Birth		Drivers License #		State of Issuance		Social Security #
Home Address		City		County	State	Zip Code
Mailing Address	<input type="checkbox"/> Same as above		City	County	State	Zip Code
Primary Phone Number				Secondary Phone Number		
Email address						

**2.1** Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. Driver Training, Driver Improvement, or Risk Reduction)?

☐ Yes ☐ No



**2.1.1** If you answered “Yes” to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

---

Program(s)

Date(s)

**2.2** Are you currently, or have you ever been, certified as an ignition interlock device provider center operator, in the state of Georgia?  
☐ Yes ☐ No

**2.2.1** If you answered “Yes” to question 2.2, list your certification number: \_\_\_\_\_

**2.3** Are you currently, or have you ever been, certified by the Department of Driver Services, as a risk reduction, driver improvement or driver training owner or instructor, or an alcohol and drug awareness (ADAP) instructor?  
☐ Yes ☐ No

**2.3.1** If you answered “Yes” to question 2.3, indicate your certification type(s) and certification number(s):

---

### **SECTION 3: Applicant Qualifications**

**3.1** Are you a United States citizen?  
☐ Yes ☐ No

**3.1.1** If you answered “No” to question 3.1, are you legally present in the United States?  
☐ Yes ☐ No

**NOTE:** *Acceptable proof of citizenship or lawful presence may be required.*

**3.2.** Are you currently employed with the Georgia Department of Driver Services or Georgia Department of Human Resources?  
☐ Yes ☐ No

**3.3** Do you have any immediate family members that are currently employed with the Georgia Department of Driver Services or Georgia Department of Human Resources?  
☐ Yes ☐ No

**3.4** Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?  
☐ Yes ☐ No

**3.5** Do you have any immediate family members that are employed as a judge, public or private probation officer, public or private probation employee or agent, law enforcement or peace officer, or employee of a court in this or any other state?  
☐ Yes ☐ No

**3.6** Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?  
☐ Yes ☐ No

**3.7** Are you at least 21 years of age?  
☐ Yes ☐ No



## SECTION 4: Criminal History

4.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

☐ Yes ☐ No

4.2 Have you been convicted of or plead guilty or *nolo contendere* to any crime involving theft, fraud, violence, dishonesty, or deceit?

☐ Yes ☐ No

4.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?

☐ Yes ☐ No

4.4 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No

4.4.1 If you answered "Yes" to question 4.4, give the nature of probation in the area below.

Offense	State and County	Date
Offense	State and County	Date

4.5 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

4.5.1 If you answered "Yes" to question 4.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

4.6 In the space provided below, list your complete criminal history, including charges that were dismissed, *nolle prossed*, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

4.7 Have you received a pardon for any of the offenses listed in question 4.6 above?

☐ Yes ☐ No

4.7.1 If you answered "Yes" to question 4.7, attach a copy of the pardon.



## SECTION 5: Driving History

5.1 Do you currently possess a valid driver's license?

☐ Yes ☐ No

5.2 In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

Driver's License Number	State	Expiration Date	Years Licensed in State

5.3 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

5.4 Are there any *pending* cancellations, suspensions, or revocations against your driver's license?

☐ Yes ☐ No

5.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

5.5.1 If you answered "Yes" to question 5.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Month/Year

5.6 Please list your complete driving history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

5.7 Are there any traffic charges currently pending against you?

☐ Yes ☐ No

5.7.1 If you answered "Yes" to question 5.7, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date



**SECTION 6: Applicant Affirmation**

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the DDS rules and regulations, and will allow the examination and audit of the books, records, and financial statements of the ignition interlock device provider center by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for provider center certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

The ignition interlock device provider center complies with the requirements set forth by the Americans with Disabilities Act of 1990.

*I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.*

---

**Legal Signature**

**Date**

Sworn to and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**(SEAL)**

---

Notary

**Georgia Department of Driver Services**  
**Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013**

**CONSENT FOR BACKGROUND INVESTIGATION**

<b>OFFICE USE ONLY</b> FILE NUMBER:	<b>OFFICE USE ONLY</b> DATE APPLICATION RECEIVED:	<b>OFFICE USE ONLY</b> <b>BACKGROUND</b> <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	<b>OFFICE USE ONLY</b>
<b>OFFICE USE ONLY</b>			

**APPLICANT TYPE: (OFFICE USE ONLY)**

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)  / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)?  Yes      No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:



# SURETY BOND FOR IGNITION INTERLOCK PROVIDER CENTER

Bond # \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That we,

\_\_\_\_\_  
(Name of Provider Center Including the Legal Name and any D/B/A Name)

as Principal, and \_\_\_\_\_  
(Full Name of Insurance Company)

a corporation or partnership organized and existing under the laws of the State of \_\_\_\_\_

and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**SEALED WITH** our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

**WHEREAS**, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate an IGNITION INTERLOCK PROVIDER CENTER under the provisions as set out in Georgia Law O.C.G.A. 43-12A-1; representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of Georgia Law O.C.G.A. 43-12A-1 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law, O.C.G.A. 43-12A-4, Paragraph (3), for the protection of the contractual rights of individuals required to maintain an ignition interlock device who enter into the annexed contract with:

\_\_\_\_\_  
(Name of Ignition Interlock Provider Center and Full Location Address)

**WHEREAS**, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

**NOW, THEREFORE**, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants.

**IN WITNESS HEREOF**, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Witness Countersigned

\_\_\_\_\_  
Name

\_\_\_\_\_  
Resident Agent of Georgia

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of Resident Agent

By: \_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Telephone Number

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED  
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE

CONDUCTING A BUSINESS AT \_\_\_\_\_  
(STREET ADDRESS)

IN THE CITY OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, IN THE  
STATE OF GEORGIA UNDER THE TRADE NAME:

\_\_\_\_\_

THE NATURE OF SAID BUSINESS IS \_\_\_\_\_

\_\_\_\_\_

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

NAME(S)

ADDRESS(ES)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA  
LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.



## Standard Business Hours

### Risk Reduction Program Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-6-.19** Each program shall maintain business hours of at least fifteen (15) hours per week.

### Driver Improvement Clinic Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-1-.10 (g)** An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

### Driver Training School Hours of Operation

**Ga. Admin. Comp. Chapter 375-5-2-.11 (k)** An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

### Ignition Interlock Device Provider Center Hours of Operation

**Proposed Rule:** Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

**Important Note:** Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 p.m., Monday to Friday.

### Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

**The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.**

Hours of operation certified by: \_\_\_\_\_  
(Signature of program owner/director)